

DENTAL SCREENING COMPETENCY ASSESSMENT DOCUMENTATION

Check when demonstrated by screener	COMPETENCIES: Essential Steps for Accurate Screening <i>Licensed Health Care Professional observes screener accurately performing these steps in sequence with minimal coaching:</i>
	1. Plan for a smooth flowing screening activity: Notify families of dental screening day. Plan logistics of student flow.
	2. Assemble necessary supplies and equipment: <ul style="list-style-type: none"> • Good light source (flashlight or goose-necked lamp) • Gloves • Single-use disposable tongue blades (optional), • Trash can with liner, • Alcohol-based sanitizer. • Student roster, pen, and writing surface for each recorder at each station; or alternative method for recording results.
	3. Glove, or prepare for “no-touch” screening.
	4. The examiner positions him or herself in a comfortable face-to-face position with the child. The child bares teeth for inspection of outer surfaces. Have the child open mouth as wide as possible for inspection of chewing and inner surfaces of teeth. Child lifts and moves tongue so screener can see inner, outer, and top surfaces of all teeth, or screener may use tongue blade to gently maneuver tongue. Utilizing light source, observe teeth for irregularities: <ul style="list-style-type: none"> • areas where teeth are eroded or not the usual shape, • unusually-colored teeth: severe discoloration
	5. Record results. Assign student to one of the following categories: 0 = no obvious irregularities of the teeth 1 = observable irregularities with the teeth in one or two areas. Parents are notified of need for further dental care. 2 = observable irregularities with the teeth in three or more areas. Parents notified of need for further dental care.
	6. Carry out rescreen and notification procedures per local school practice/policy.

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SCREENER NAME AND DATE OF OBSERVATION:

The above-named individual has been observed by the licensed health care professional identified below, as competent in performing the tasks identified above, using the following equipment:

- ☐ _____
- ☐ _____
- ☐ _____

Licensed Health Care Professional Signature: _____

Health Care Professional Name Printed

License No.

Date